

RADIATION SAFETY BRANCH		Please print. Forward the white copy to RSB (fold and staple, making sure the preprinted address is visible, and place in the NIH inter-office mail system). Remove and retain the blue copy for your records.		BLDG. (Include suffix)	FLOOR	WING	ROOM NO. (Include suffix)
MONTHLY LABORATORY CONTAMINATION SURVEY				DATE (month, day, year)			LIST (by room no. and suffix) ADJOINING LABS REPRESENTED ON THIS FORM
		AUTHORIZED INVESTIGATOR		LAST NAME, FIRST INITIAL		PHONE NO.	
SURVEYOR		LAST NAME, FIRST INITIAL		PHONE NO.	USER REGISTRATION NO.		

DIAGRAM OF LABORATORY. Sketch lab and number at least 10 locations smeared. Indicate where waste containers and other radionuclides are stored. (If this space is insufficient, use a separate page.)

NUCLIDES USED			
Indicate nuclides and activity used in this lab since your last monthly survey. (Place an X in the appropriate box.)			
Activity →	< 1 mCi	1-10 mCi	> 10 mCi
H-3			
S-35			
C-14			
P-32			
I-125			
Cr-51			
Na-22			
Na-24			
I-131			
SMEAR RESULTS (in DPM)			
(Fill in nuclide(s) across the top of the chart.) Indicate under Remarks the corrective action taken for location with >100 DPM/100 cm ²			
LOCATIONS (from diagram)	Nuclide 1	Nuclide 2	Nuclide 3
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

REMARKS. Include explanations of actions taken on smears >100 DPM/100 cm²; personnel changes; requests for shielding, waste collection, survey equipment, personnel monitors.

TYPE OF COUNTER USED TO ANALYZE SMEARS
☐ Liquid Scintillation Counter ☐ Other (specify):

☐ Lab did not use nuclides this month (check if applicable)

SURVEYOR'S SIGNATURE

STAPLE HERE AFTER FOLDING

**TO:
RADIATION SAFETY BRANCH
BUILDING 21, ROOM 116**

FOLD
HERE

FOLD
HERE